



More than food for thought
Army's Soldier of the Year goes on massive shopping spree in Baumholder. See page 12.



Deployment readiness
Family support staffs throughout the 104th ASG are hard at work gearing up for the possibility of unit deployments. See pages 5, 14-15, 16 and 20.



Opulent Oppenheim
Once a vital stopping point between Worms and Mainz, this Rhein River town is still worth getting to know. See page 28.

Herald Union



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Serving the military communities of the 104th Area Support Group

Feb. 4, 2003

Bundeswehr guards German troops take over from National Guard

German Bundeswehr soldiers took up posts at several U.S. caserns in Germany Jan. 24. Up to 2,500 German soldiers will provide force protection for as many as 59 U.S. sites in the coming weeks.

The assistance by the German military is in response to U.S. requests to the German government for help in meeting force protection requirements in Germany. German soldiers provided assistance in the past during the Gulf War and immediately following the terrorist attacks on the United States on Sept. 11, 2001.

National Guard units from the United States conducted force protection duties in Germany over the past year, but soldiers of Task Force Keystone are in the process of re-deploying to Pennsylvania after their six-month rotation.

Members of the 104th Area Support Group staff have been coordinating with the Bundeswehr's Wehrbereichskommando 2 for support. The first of some 700 soldiers are expected to begin serving at 104th ASG installations this week.

The German soldiers are coming from all over Germany. They will serve one to two week rotations before they return to their home stations and then will be replaced by other soldiers. They are reporting in phased increments to locations throughout Germany.

"We deeply appreciate the assistance the Bundeswehr is providing American communities in Germany at this time," said a U.S. Army Europe spokesman. "Their willingness to provide force protection is yet another clear expression of the cooperative relationship between our countries and our military forces. We look forward to continued cooperation and mutual support between our military and civilian communities in the days ahead." (Information courtesy of the IMA-Europe Public Affairs Office)

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Help influence training

Rate services in survey

By Karl Weisel

104th Area Support Group Public Affairs Office

Soldiers, civilians and family members have an opportunity to rate services throughout the 104th Area Support Group in a random Customer Service Survey which will be published in the Feb. 18 issue of the *Herald Union* and distributed widely throughout the

ASG in the coming weeks.

"In September of last year the 104th ASG leadership held a Strategic Planning Conference, and customer service was one of the issues they focused on," said John Bomberger, chief of the 104th ASG's Community Recreation Division and co-leader of the Customer Service Strategy Support Team.

While agency managers have

been gathering valuable feedback through the online Interactive Customer Evaluation cards, leaders felt a broader survey with standardized questions was needed to cover the entire spectrum of service agencies in the communities of the 104th ASG. The intent of the survey is to establish a baseline and then develop mandatory customer service

See Survey on page 3



Photo by Karl Weisel

Youngsters enjoy after-school fun and a board game during a Hainerberg Housing School-Age Services session in Wiesbaden.

CYS fee hike

Despite increase for some, other families will benefit from March 1 readjustment

By David Ruderman

104th Area Support Group Public Affairs Office

Monthly fees for Child and Youth Services enrollment will increase approximately \$1-10 beginning March 1, said CYS officials. Along with the first increase in two years, the readjusted fee scales will include a number of reductions and reclassifications that will work to the advantage of lower-income and dual-military Army families.

"These are the lowest possible Department of Defense rates," said Celia Kandler, CYS coordinator for the 104th Area Support Group. "This fee policy is Installation Management Agency, Europe-wide, not just a 104th ASG policy."

Category expanded

The upper limit of Category I income calculation has been raised from \$23,000 to \$28,000. This change will allow some families presently paying Category II rates a reduction to the lowest fee category. The newly calculated fees became effective in January so that patrons will pay based on their calendar 2002 incomes — pay increases in effect in 2003 will not bump parents or families into

a higher paying category, said Kandler.

"I think it's a very user-friendly policy which takes lower income families very much into consideration. CYS is not reregistering everybody — only those patrons who will benefit from a change will have to validate their December 2002 Leave and Earnings Statement," she said.

Hourly rate cut

Among other changes, the hourly Child Development Services fees for Category I children will decrease from \$2.50 to \$2. School-Age Services Category I fees will decrease to \$18 from \$32 monthly for before-school care, from \$69 to \$42 for after-school care, and from \$100 to \$54 for both.

Another change in the calculation of Total Family Income will render a distinct benefit to dual military families. Instead of calculating the combined Basic Allowance for Housing of dual families in determining fees, as of March only the BAH of the senior-ranking family member will be taken into account, thereby reducing the total income calculated.

Another benefit to many families will come in the form of re-

See CYS fees on page 3

Frozen fields

A young Windecken resident walks his dog on the frozen fields surrounding the Nidder River. The January floods in Germany turned many fields, such as these between Friedberg and Hanau, into huge skating rinks after the temperatures dropped again.

Photo by Karl Weisel



Commentary

Empowering one another to save lives

Commentary by
Orillia Martinez

414th Base Support Battalion Safety Office

(This is a special thanks to a caring lady in Santa Monica, Calif. I never knew her name, but she made a difference in my life.)

In April 1984 my family and I were on 30 days leave from Germany to my husband's home in California. It was my first trip there, and the first for my 18-month-old son. It was a beautiful sunny morning in Santa Monica, and later we met the rest of the family at an aunt's house for a swimming party.

My mother-in-law wanted to take us out in her brand new red convertible to see the sights. I was sitting in the passenger seat with my little boy on my lap. The top was down and the warm breeze tossed his reddish brown curls everywhere. I remember thinking, "What a terrific day — it just can't get better than this."

We pulled into the turning lane and stopped at a red light. A lady in a white van pulled up beside us, looked over, smiled and waved at my baby. That was all he needed. He started waving back, laughing and showing off for her. Then he said, "Hi, I'm Matt and I live in Germany." I thought to myself how

impressed she must be at my obviously intelligent child.

Then the lady spoke to me. "Ma'am, he is such a beautiful child, much too precious to lose. How can you not have him in a car seat or at least buckled up with a seat belt?" she asked. The light changed to green and we went our separate ways. There was complete silence all the way home. Neither my mother-in-law nor I had our seat belts on.

All day long I thought about the incident. At first I was angry with her for telling me what I should do with my child. I was a soldier in the U.S. Army, assigned in Europe, protecting her freedom. Who did she think she was? At the same time my insides were churning: I knew the woman was absolutely correct, but I was just so embarrassed that she had called me on it.

That night I dreamed my little boy and I were back in Germany, driving across a very high bridge. In my dream the car broke through the guardrail, and my little boy was thrown

from the car, spinning through the air because he wasn't wearing a seat belt.

I never saw him hit the ground. I woke up first in a cold sweat, crying because I knew my stupidity had cost him his life. I had this same dream over and over during the next few years.

From that point on I always made sure he

was buckled up. As a matter of fact all my family heard from me about car seats, seat belts and "buckling up" when I went home on leave. I wouldn't let them ride in my car without buckling up. Once one of my nephews (he was 6 at the time) told some family members

that I was just too bossy, telling him what to do about seat belts.

Many years later, on the morning of Dec. 27, 1999 to be exact, my now 17-year-old son was driving to visit my parents. As he approached an extremely sharp curve he was blinded temporarily by the sun. He became disoriented and lost control of his car. Instead of making the curve he drove straight up an embankment where he was stopped by

a tree just short of the 18th hole of the adjoining golf course.

The car was totaled. My son sustained bruises, contusions and was awfully sore for a week. Both the policeman who first arrived on the scene and the doctor who attended to him at the hospital emergency room stated that had he not been wearing his seat belt he probably would have been hurt badly, or worse, killed.

My son, now with the Airborne Military Police on the East Coast, called me his second week there. He had just had his first nighttime road patrol at the post. "Mom, promise me you will never speed again and always wear your seat belt," he said. "And tell everyone you know to wear theirs too."

The night before he and his partner were first responders to a call at the scene of a one-car POV fatality. The driver was killed instantly. High speed and an unbuckled seat belt were two of the contributing factors.

Based on my experience I believe that if soldiers and civilians alike approach safety proactively, with an "Empowering One Another To Save Lives" philosophy, we might not have to deal, reactively, to so many tragic injuries and deaths.



Evolving role of women athletes

Commentary by Daisha Cruz
Cardwell Fitness Center manager

Women athletes are hard to pin down. They come in all heights, weights, shapes and sizes.

Some go down in history and others become lifelong legends. Many are hidden in society as mothers, teachers and coaches. They are role models, leaders and heroes. They are the ones who make a difference in a young girl's life.

Research shows that women and girls who participate in sports and fitness programs are healthier and more successful academically. High school girls who participate in sports achieve higher grades than their non-athlete peers do. Young women involved in school sports programs are often removed from the crowds that are typically the school "trouble-makers" that cause problems in the community and encounter negative experiences such as teen pregnancy and drug use. High school athletes are more likely than non-athletes to aspire to be leaders in their communities and professionals in their careers.

The growth of women's athletics over the past generation has had a positive impact on the lives of many young women. Years ago sports and fitness were largely the preserve of men and boys. Historically women played tennis or volleyball, and it was rare to see women wrestling, playing football or boxing. Today there are professionally organized women's teams such as the Women's National Basketball Association and successful individual women athletes, such as professional golfers. The transformation has been remarkable.

Hearing about male athletes in college and professional

sports, we often think of them first as superstars or celebrities rather than physically fit men. Women athletes in the lime-light face a stiff challenge to being positive role models.

They should present themselves first as being very fit mentally and physically before being swept up in the role of a superstar. Something to consider is committing to a lifelong athletic endeavor such as jogging, skiing or swimming. Maintaining a steady commitment to physical and mental fitness is more important, and a better role model, than trying to fulfill the role of a superstar.

Do you have the power to influence your child to participate in sports? Absolutely. As a parent you influence almost everything your child does. If you participate in activities yourself, your child is more likely to follow your lifestyle and become involved in sports and fitness. Exercising and sports can be a great family activity and can make a decidedly positive difference in a child's life.

If you or your child is eager to participate in sports and fitness, it is crucial to meet that need. The Army community has

a wide range of sports programs for all ages. Youth Sports offers seasonal activities and the Department of Defense Dependents Schools encourage students to join teams and programs. Intramural, community and unit level sports are offered year-round through the fitness centers.

These are activities that can make a positive difference in the lives of women of all ages. Being involved could make you the role model or for a young woman who needs you.



Did you know?

It is not uncommon in Army communities to see children playing outdoors in the evening. Joggers, bicyclists, soldiers in formation or people out for a stroll can be encountered at all hours of the day or night.

Sometimes because of darkness, location or the way people dress it is often difficult to see them. Seeing and being seen during outdoor activities, particularly at night, presents a challenge to each of us. In an effort to increase safety and awareness, the 104th Area Support Group has launched a "Be Safe — Be Seen" campaign.

One way to increase visibility in darkness is to wear reflective gear during periods of reduced light or when visibility is critical.

To inaugurate the "Be Safe — Be Seen" drive the 104th ASG has issued reflective action bands to each base support battalion for distribution.

Sometimes called "slap wraps," the reflective bands close around the wearer's arm or leg when pressure is applied to their undersides, and make the wearer more readily visible.

Action bands will be distributed at schools, during safety days and at activities in each BSB throughout the year. The campaign is to promote safety and increase safety awareness in our communities. Whenever you see an action band think of something you can do for safety and make the effort to "Be Safe — Be Seen." (Courtesy of the 104th ASG Safety Office)

Be Safe — Be Seen

Herald Union

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Newsflash

ACS emergency number

Soldiers and family members who need to reach Army Community Service centers in Germany in an emergency can get help in a hurry by dialing the ACS hotline number 111. From an on-post phone callers can dial just those three numbers. From a commercial phone dial the local civilian-to-military conversion and then 111. For example in Hanau dial 88-111. During normal hours of operation the hotline connects the caller directly to ACS. After hours the caller is forwarded to the local Military Police desk emergency number. ACS officials stressed that the hotline number is for use in bona fide emergencies only. (*V Corps Public Affairs*)

Official travel

SatoTravel features priority service for official travelers. People booking official travel have three options: ✈ They can call the European Reservations Center weekdays from 8 a.m. to 8 p.m. and weekends from 11 a.m. to 6 p.m. at mil 236-8418 or civ 0800-100 7102 to book with a travel counselor; ✈ Access the SatoTravel website and make reservations online at www.satotravel.com/usareur 24 hours a day, seven days a week; ✈ Book reservations at their local SatoTravel Office. Make sure to bring four copies of travel orders to SatoTravel before picking up tickets. Tickets will be ready three working days before departure date. Sign in under "Priority Service." (*104th ASG Transportation Office*)

Anti-virus software

U.S. Army Europe officials remind Department of Defense employees that the DoD site license allows DoD personnel to use Norton, McAfee and Trend Micro anti-virus software on their home computers, personal electronic devices and personal digital assistants. Contractors may not use the products on home computers, but may use them at the workplace when executing their contracts. Anti-virus products may be downloaded to floppy disk or CD-ROM from the USAREUR Information Assurance webpage at <https://iassure.usareur.army.mil> and the DoD Computer Emergency Response Team web page at <http://www.cert.mil> to a ".mil" domain only. (*Army in Europe Bulletin*)

NAACP Black History bash

The Hanau Chapter of the National Association for the Advancement of Colored People hosts a Black History Celebration Feb. 15 at 6 p.m. at Hanau's Wolfgang Burger Haus. The event will feature a black hair fair, African dress fashion show, youth talent hour, family skits, Buffalo Soldier portrait display and a gospel concert by choirs from local churches. Call civ (0172) 681 0300 or email hanau.branch@naacp-europe.org to take part.

Kudos to cooks

Nine cooks from 104th Area Support Group units took home medals for creative cookery at the Culinary Arts Workshop and Competition in Heideleberg Jan. 15. Pfc. Talitha McGuire of 2-501st Aviation and Spc. Rafael Nevarez-Ponce of 2-6th Infantry took gold; Spc. Shannon Crawford of 501st Military Intelligence Battalion won silver; Sgt. Cheryl Bolden of 1-4th Air Defense Artillery earned both silver and bronze; and Staff. Sgt. Thomas A. Cook of 4-27th Field Artillery, Spc. William M. Brown of 1-37th Armor, Pfc. Ashley Palisoc of 47th Forward Support Battalion, Pfc. Ida Colon-Garcia of 302nd Military Intelligence Battalion and Pfc. Vernesa Dzinic of 1-501st Aviation were awarded bronze medals. Brown, Nevarez-Ponce, Palisoc and McGuire will represent U.S. Army Europe at the Department of the Army Culinary Arts Workshop and Competition to be held at Fort Lee, Va., March 1-14.



Readying smallpox vaccination

Screening procedures to balance benefit, risk

By Sgt. 1st Class Betty Thompson
Europe Regional Medical Command Public Affairs Office

Plans are being made to vaccinate service members against smallpox in the near future because America faces the possible threat of the disease being used as a biological weapon, said medical officials. The first to be vaccinated will be "certain emergency response and medical personnel as well as other designated personnel who constitute critical mission capabilities," said Cynthia Vaughan, Europe Regional Medical Command public affairs officer.

Smallpox is a serious, debilitating and contagious disease caused by the variola virus. It normally spreads by prolonged face-to-face contact with infected people. It may also spread by direct contact with soiled linen or infected body fluids, said Dr. (Lt. Col.) Loren Erickson, preventive medicine consultant for ERMIC.

People exposed to the smallpox virus develop symptoms within seven to 17 days, beginning with fever followed by a rash on the tongue and in the mouth that develops into sores. When the sores break open, the infected person is at his or her most contagious.

As the disease progresses a face rash appears and spreads to the limbs and extremities. The rash evolves into pustules that scab and fall off, leaving behind permanent scarring. Once the scabs fall, the individual is no longer contagious, according to the Centers for Disease Control and Prevention website, www.cdc.gov/smallpox.

"We certainly are convinced that there is a threat and that we do need to protect our people," said Erickson. "We feel there is an obligation that we protect our people, but also of paramount importance is that we don't hurt anybody. So what we're going to do up-front is carefully screen people, exempting from vaccination those with certain medical conditions which could increase their risk for adverse reactions to the vaccine," he said.

The vaccine being used — made from a virus called vaccinia — does not cause smallpox, but rather protects recipients by helping build the body's immunity. Vaccinia provides the most effective defense against smallpox but, as

with any vaccine, some will have reactions.

First-time recipients of the vaccine should expect three pricks on the upper arm using a two-pronged needle that contains a droplet of the vaccine, said Erickson. Those previously inoculated will get 15 pricks to ensure the virus is fully inoculated into the skin (which could still have residual immunity). The arm pricks will cause a sore spot and blood droplets may form.

Normal reactions to the inoculation include a sore arm, inflammation and a red, blister-like spot that will crust over and itch, said Erickson. "It would also not be uncommon to experience some body aches and a low grade fever," he said. Rarely will individuals experience more severe reactions.

"If you immunize a million adults with the smallpox vaccine, and this is their first time receiving the vaccine, about 40 would develop a widespread rash or skin reaction. Out of that million, maybe four would develop swelling of the brain, which is called encephalitis. Out of that million people, it is possible that one or two can die," said Erickson, citing data from the CDC's smallpox web page.

To prevent these rare reactions from occurring, Erickson emphasized that the screening process would help identify and exempt from vaccination those people at greatest risk.

Those to be exempted from receiving the vaccine would include people with skin conditions where the normal integrity of the skin has been disrupted. Among those conditions are eczema and very bad acne. People with lowered immunity, such as someone infected with HIV, or someone receiving chemotherapy treatments for cancer would be exempted, as would pregnant women.

"We're going to be very deliberate, very careful. We're going to screen carefully," said Erickson. "This is something that our leaders made clear — that we're certainly going to protect our people, but not at the expense of having a large number of reactions."

Only in the event of an outbreak of the disease would screening criteria change. People at risk of bad reactions, but who are exposed to smallpox would receive the vaccination, said Erickson. For more information about smallpox — the disease and the vaccine — point your web browser to www.vaccines.army.mil and www.cdc.gov/smallpox.



Survey

Continued from page 1

training aimed at improving service throughout the ASG.

"We know both extremes — we hear from the 10 percent of customers who've had bad experiences and the 10 percent who have had great experiences, but we want to find out about the other 80 percent," said Jack Lewis of the 104th ASG's Marketing Office.

"We'll tailor the training plan to address shortcomings addressed in the survey," said Bomberger. "If we get the survey results back by the end of February then we should start training by around May."

"The survey will help us set a benchmark," said Lewis. "After we do some training we'll survey again (most likely in the fall) and see where we are in our efforts to provide outstanding customer service."

"We're looking at customer service across the board," said Bomberger, "including external agencies such as the

Army and Air Force Exchange Service and Department of Defense Dependents Schools. We'll share the results of our survey with those agencies to assist them in serving us.

"This has been done sporadically in the past, but never across the board as far as I've seen. There's never been a concerted, consolidated effort to establish a baseline," said Bomberger.

Patrons should only fill out one copy of the survey, Lewis added. Be sure to pick up the next issue of the *Herald Union* to fill out your copy and drop it into the Military Postal Service (write MPS on the corner of the envelope — no postage required).

Customers are also reminded that they can provide instant feedback on most facilities in the 104th ASG at any time through ICE. Visit the 104th ASG home page at www.104thasg.army.mil and click on "Customer Feedback" for a link to the ICE comment cards.

CYS fees

Continued from page 1

duced Youth Sports fees. Per season fees for soccer, cheerleading and flag football will decrease from \$35 to \$20, and fees for baseball, softball, basketball and field hockey will decrease from \$35 to \$30. The monthly fees for tackle football, lacrosse and

roller hockey will remain unchanged.

Letters to parents were mailed the week of Jan. 20 explaining the new rates, said Sheila Freeman, program analyst with 104th ASG CYS. Parents with questions should direct them to their community Central Registration Office, she said.

Sophisticated eye surgery for soldiers

Procedures offer quick, permanent vision improvement

Story and photos by
Rudi Williams

American Forces Press Service

The trend started a few years ago with throngs of professional athletes, skydivers, pilots, police and firefighters flocking to get laser eye surgery — and coming out all smiles and keen sighted.

Military eye doctors were among those paying close attention. “All these people were getting these procedures done and seeming to do their jobs safely and without any problem,” said Dr. (Col.) William P. Madigan, observing the trend.

Madigan wears three hats: He’s the consultant to the Army surgeon general for ophthalmology; chief of ophthalmology service at Walter Reed Army Medical Center; and ophthalmology division chief at the Uniformed Services University of Health Sciences in Bethesda, Md.

“We talked to a lot of policemen and firefighters who said they were in such better condition to do their jobs after having LASIK,” he said. LASIK is the acronym for laser-assisted in-situ keratomileusis, which means to use a laser to reshape the cornea — the clear covering in the front of the eye — without invading adjacent cell layers. The surgeon cuts a flap in the cornea, leaving a hinge at one end. The flap is pulled back out of the way, and the surgeon then uses a laser to reshape the newly exposed corneal tissue. After the surgery, which takes about one minute, the flap is put back and left to heal.

“A fireman said losing his glasses going into a burning building would sometimes create a life or death situation,” Madigan said. “A policeman who loses his glasses in a scuffle could be at a disadvantage — perhaps he can’t see as well as the person he’s trying to apprehend.”

The same thing applies to a soldier on the battlefield. “He’s out there scrambling to get undercover from enemy fire, drops his glasses and can’t see more than five feet in front of him,” Madigan said. “Now he’s no longer an asset to his unit because he can’t see and needs somebody to help him get to safety.



Capt. Steven Kyle Jones undergoes preparation for LASIK surgery at Walter Reed.



Dr. (Col.) William P. Madigan (left) discusses the benefits of refractive eye surgery with **Sgt. 1st Class Thierry Sison** in his office at Walter Reed Army Medical Center.

Then he needs to get to a place where he can get outfitted with glasses.”

Some Gulf War veterans told Madigan about difficulties they had with eyeglasses in the desert. “In the ensuing years they had refractive surgery and were deployed to Afghanistan. After returning they said having laser eye surgery was the best thing the Army ever did to prepare them for combat missions — the single best thing the Army ever did for them. It gives them confidence and good vision without optical devices, and they really benefited from it on the battlefield,” he said. “They say the difference between being in Desert Storm with glasses and being in Afghanistan after laser eye surgery was like night and day.”

Madigan said people who have LASIK are very comfortable because the surface of the cornea hasn’t been disturbed and the reshaped tissue is protected once the flap is back in place. “They typically see 20/20 within an hour after the procedure. They’re very comfortable and do well right off the bat.”

The comfort level isn’t the same with the refractive surgery procedure called PRK, or photorefractive keratectomy, because the laser burns right into the surface layers of the cornea. Patients who have PRK have to wear a bandage contact lens over the cornea for about four days after the procedure.

“With the PRK you don’t see real well right off the bat because the epithelium has to heal over the next few days,” Madigan said. “It can be a little uncomfortable. Some people require more pain medicine than others, but the visual results are the same overall.”

Although doctors have done LASIK internationally for more than 10 years, the first U.S. clinical trials started in 1995. The Navy started studying the effects of laser eye surgery even earlier — in 1993. Steven C. Schallhorn, then a Navy commander, started a refractive surgery program at Naval Medical Center San Diego. He was doing preliminary studies on the Navy’s special opera-

tions SEAL teams using PRK, Madigan said.

That caught the attention of Madigan and other Army officials studying the potential of PRK/LASIK to improve readiness. “We said, ‘Maybe this has some applicability to the broader military,’” Madigan said. “Service members are a physically active, relatively young population. They’re often in remote sites that don’t have optical shops if they lose their glasses or break a lens.”

The Army’s first PRK/LASIK site opened in May 2000 at Fort Bragg, N.C. More than 5,000 soldiers from XVIII Airborne Corps and the Special Operations Command have since been treated with outstanding results, he said. “Our results are even better than civilian studies have quoted. I think that’s because of how careful we are in our patient selection. We can just pick the patients we think it’s going to be most helpful for,” he said.

Commanders decide

The current policy among the services says that just about any active duty member can have either PRK or LASIK. Those who have had PRK can get a blanket waiver for the Special Forces Qualification, Combat Diving Qualification and Military Free Fall courses. PRK and LASIK are both waived for Airborne, Air Assault and Ranger schools.

However, those who have had LASIK must enroll in an observational study, if a slot is available, to undergo training in Special Forces qualification and aviation school. LASIK is strictly disallowed for combat divers and free-fall parachutists: Researchers want to ensure the flap does not create problems in these unique environments before granting routine waivers.

Madigan emphasized that PRK and LASIK aren’t part of the Tricare program. “It’s a readiness program,” he said. “It’s to make soldiers better at their jobs so they can do their missions more effectively and safely. That’s why it’s called the Warfighter Program.” The Walter Reed Center for Refrac-

tive Surgery had its first patient in March 2002 and has since performed the procedure on more than 600 patients. The waiting list today is more than six months long.

Since PRK and LASIK are readiness issues, line commanders in the Army, Navy and Air Force prioritize the waiting list, said Madigan. “They tell us who we’re doing — infantrymen, artillerymen, armor, special operations and Special Forces. Anyone who is going to be at the line of battle or behind the enemy’s line of battle has first priority.”

The Army has operating laser centers at Fort Hood, Texas; Fort Campbell, Ky.; Madigan Army Medical Center, Fort Lewis, Wash.; Tripler Army Medical Center, Hawaii; Landstuhl Regional Medical Center; Brooke Army Medical Center, San Antonio, Texas; Bragg; and Walter Reed.

Madigan remembered the difficulties he had with his glasses on maneuvers with the infantry and sleeping in the boonies wrapped up in a shelter half.

“You’d be taking off your glasses every two minutes to wipe off the raindrops so you could see,” Madigan recalled. “Hygiene in the field is terrible, so you’re at much greater risk for corneal ulcers and other problems if you wear contact lenses.”

Still contact lens wearers can do physically active things rain or shine and still have better forward and peripheral vision than eyeglass wearers. He pointed out that soldiers do better when they don’t need glasses to use such things as binoculars or the night-vision goggles used by Apache helicopter pilots.

“LASIK correction is a permanent change to the cornea that should last you your lifetime,” he said. “But there’s an enhancement rate that runs around 10 percent. That is about 10 percent of all the cases you do will need a second laser treatment weeks or months down the road to fine-tune the prescription.”

Madigan said PRK and LASIK are best used for nearsighted people, but they also work for farsightedness and astigmatism. The procedures don’t work for cataracts or diseased retinas, he said.

“We just fine-tune the physical optics,” he said. “We’re getting 98 percent to 100 percent of our soldiers to 20/40 or better uncorrected vision (without spectacles). About 85 percent are 20/20 or better.” A 20/40 correction concerns many patients — that’s the cutoff states generally use before drivers have to wear corrective lenses whenever they operate a vehicle, he said.

Even better results are on the horizon with a new, more sophisticated system that just arrived at Walter Reed. “We’ve received the first shipment of the commercially available Ladar Wave, which delivers a more pinpoint treatment option. Preliminary studies have shown an incredible increase to 20/15 and even 20/10 vision using the system.

“If I were a 21-year-old artillery lieutenant in the field again, I would have had this last week. It’s the best thing around. If I hadn’t thought this was safe, effective and predictable, I never would have promoted it as something good for the Army.”

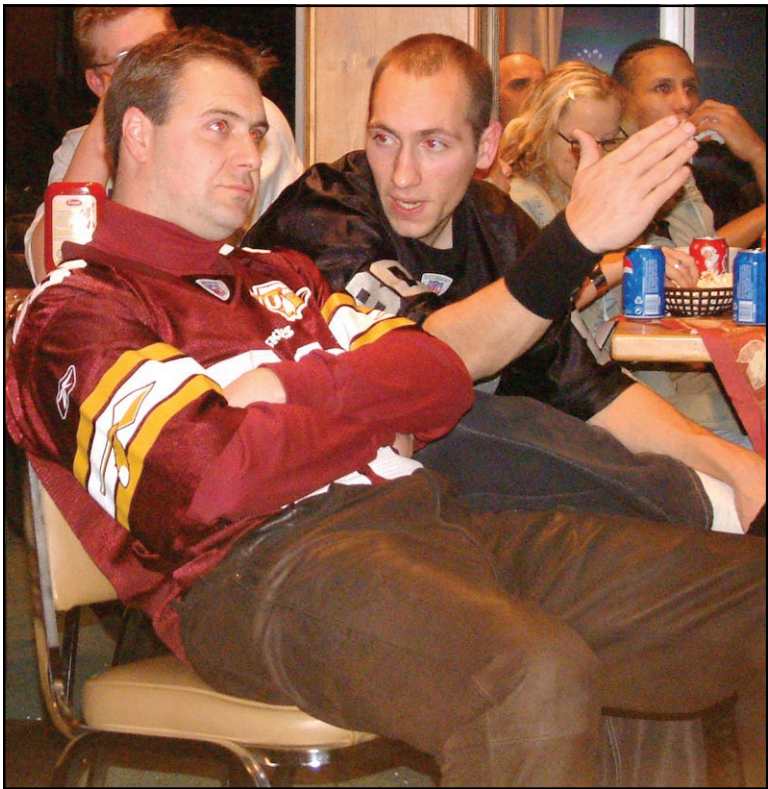


Photo by Cassandra Kardeke

Super Bowl fun

Frank Grimm explains a football play to Marc Wald during the Rheinblick Golf Course's Super Bowl Party Jan. 26. Both German and American football fans, including the local Wiesbaden Phantoms football team, filled the dining room during the wee hours of the morning to watch the game aired live on the American Forces Network. Super Bowl parties were also held at the Cappuccino Casino and Kastel Club.

Commander's corner

Services continue for families staying behind

By Lt. Col. Dennis E. Slagter
221st Base Support Battalion commander

I can see it already, can you? The folks in our communities are coming together.

Everyone's talking about deployment and what if ... but the "what is" is that we need to stick together. Bottom line — don't go back to the United States during a deployment unless you really must. Here's why:

✓ **You're safe.** Our communities will remain safe and secure. In fact we now have a commitment for nearly 300 German soldiers to start securing and protecting our installations. They were fantastic troops when they were here just after the Sept. 11 tragedy and they will be again. Be sure to welcome them as you've done for our Na-

tional Guard troops.
✓ **Services will remain intact.** We have a diverse community with lots of people still here if our troops deploy. We'll ensure there is plenty to do and plenty of support for you and your loved ones.
✓ **If troops do deploy,** our Family Readiness Group leaders and rear detachments commanders are ready and prepared to support you, and answer any questions you may have. We also have video teleconferencing available so that families can keep in touch with each other.
✓ **May 15.** Department of Defense Dependents Schools requires children stay in school at least until May 15. Early release is approved only for a permanent change of station move (along with other requirements). Don't jeopardize their education by making a premature decision to leave early.

✓ **Routine is here.** Any lengthy, but temporary, relocation is disruptive. It may seem exciting at first but will be disruptive in the long term. The deployment of one family member should be enough disruption for any family.
✓ **Save money.** A trip home can be costly for any level of income. Airline tickets, lodging and food all add up. Don't forget that your Telekom, insurance, Internet and other bills will also add up while you are gone.
✓ **There is no substitute for the Army family.** If you haven't experienced it before, just watch how great it is when your unit, stairwell and friends band together during this period of time. It's what keeps many of us in the Army for so long. The camaraderie and fellowship of military life overseas is truly sweet.